Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

37621/51001

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

		Title of Inventi	on	,					
IMPLANTABLE DEVIC	CE DELIVERY SYS	TEM HANDLE AND METH	OD OF USE						
First Named Inventor	Mangiardi et al.								
Application No.	10/588,430	10/588,430							
Filing Date	January 7, 2009								
Examiner	Katrina M. Stransky								
Art Unit	3734	3734							
Transmitted herewith is	an amendment in t	he above-identified applicat	ion						
				5 .1					
This is also a petition unapplication.	nder the provisions	of 37 CFR 1.136(a) to exter	nd the period fo	or filing a re	ply in the above identified				
The requested extension	on and fee are as sh	own below (check time peri	od desired).						
		Fee Calculation	on						
		Extension of Time	e Fee						
One month (37 C	CFR 1.17(a)(1))	X Two months (37 CFR	1.17(a)(2))	Three	e months (37 CFR 1.17(a)(3))				
	Four months (3	7 CFR 1.17(a)(4))	Five months (3	7 CFR 1.17	(a)(5))				
		Claims as Amend	led						
For	#Filed	#Previously Paid For	#Extra	Rate	Fee				
Total Claims	27	- 31 =		x 52 =					
Total Indep. Claims	3	- 3 =		× 220 =					
	M	ultiple Dependent Claims (c	heck if applica	ble)					
Extension Fee (from above) \$490									
Applicant claims small entity status. See 37 CFR 1.27. TOTAL \$490									
		Method of Payn	nent						
☐ Deposit Account	X Credit Card	Check Money	Order O	ther:					
Deposit Account Numb	per 502375								
	•	count, the Director is h	ereby autho	rized to: (check all that apply)				
Charge the fee(s) set forth above									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
Charge fee(s) indicated above, except for the filing fee Credit any overpayments									
If an additional ext		quired, please consider this Account above.	a petition ther	efor and ch	arge any additional fees				
	·		Credit card i	nformatio	n should not be included				
		formation and authorize							
Amount Grand Total									

Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

37621/51001

(Name of Person Transmitting Correspondence)

(Signature of Person Transmitting Correspondence)

	Cor	respondence Ad	dress	
Customer Number	69821			
		-OR-		
Name				
Address				
City		St	ate	
Country		Ро	stal Code	
Phone Number				
E-mail Address				
Certificate of Mailing by Express Mail I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:		I hereby certify to accompanying door Postal Service was addressed to Con 22313-1450 on the	hat this Ame cuments, and the ith sufficient nmissioner for date indicated	
		(Date of Ma	iling)	(Name of Person Mailing Correspondence)
(Date of Mailing)			(Signature of 1	Person Mailing Correspondence)
(Typed or Printed Nam	ne of Person Mailing Correspondence)	accompanying doc	hat this Ame cuments, and f	endment and Petition for Extension of Time, fee authorization are being facsimile transmitted trademark Office on the date indicated below:
(Signature of Person Mailing Correspondence)		to the office state	s Falent and T	raueman omee on the date maleated bolow.

Signature Instructions

("Express Mail" Mailing Label Number)

Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

(Date of Transmission)

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box Matthew S. Bethards

Name	/Matthew S. Bethards/	Registration Number	5	51,466		
Signatory Capacity	Attorney for Applicant(s)	msbethards@stoel.com				
eSign	//Matthew S. Bethards//		Date	e Signed ()4/05/2011	